



Request for EHC Needs Assessment

(Section 19 of the Children and Families Act 2014)

Date of Request	
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Personal Information

Name of Child / Young Person	
Date of Birth	
Gender	
Home Address	
Religion	
Ethnic Origin	
Language(s) spoken at home	

NHS Number	
Social Care Number	
Unique Pupil Number	

Aspirations and Outcomes for the Child / Young Person	
Aspirations	Outcomes

What do they do outside of school? e.g. see friends, attend groups, clubs or activities. What are their hobbies or interests? Where do they go to do these things?	
Do they face any challenges or barriers accessing these activities?	
What is going well for the child and their family?	
What support do they receive from family, friends, community members and other professionals?	
What do the child and family find difficult, challenging or stressful? What is not working well?	
Any additional information that you consider to be relevant.	

Child / Young Person's Parent / Guardian Information

Surname	
First name (s)	
Title	
Relationship to young person	
Home address	
Home Tel Number	
Mobile Tel Number	
Work Tel Number	

Child / Young Person's Parent / Guardian Information

Surname	
First name (s)	
Title	
Relationship to young person	
Home address	

Home Tel Number	
Mobile Tel Number	
Work Tel Number	

Educational Information

Educational Setting	
Type of Establishment	
Address	
Named Contact	
Position	
Chronological Year Group	
Current Year Group	
Attendance	%

Type of Educational Professional involved, e.g. EP	
Telephone Number	
Date of last report	
Other	

Social Care Information

Current Social Care Status	
Social Work Team	
Social Worker Name	
Telephone Number	
Date of last report	
Other	

Health Information

GP's Name and Address	
Telephone Number	
Type of Health Service received, e.g. Physio	
Name of Professional	
Date of last report	
Telephone Number	
Other	

Section 2: Special Educational Needs

	Date SEND support first started
Stage 1	
Stage 2	

Record of Progress Over Time

Over past three years

Area of Learning	Year	Year	Year

Over past year

Area of Learning	Term	Term	Term

Type of need	Main area of difficulty - tick one box only	Other area(s) of difficulty - tick as relevant
Cognition/Learning		
Communication/Interaction		
Social, Emotional and Mental Health Difficulties		
Sensory and/or Physical Needs		

Please outline the special educational needs of the child / young person with reference to the relevant sections of the Graduated Response and any supporting evidence you are submitting.

<p>A. Cognition/Learning</p>	
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B. Communication/Interaction

C. Social, Emotional and Mental Health Difficulties

D. Sensory and/or Physical Needs

Health Needs:

Details of any medical condition which is relevant to the special educational needs:

Medical Diagnosis:

Date diagnosed:

Name of the professional who made the diagnosis:

Social Care Needs:

Section 3: Special Educational Provision

Please outline the special educational provision of the child / young person with reference to the relevant sections of the Draft Guidance on SEND and any supporting evidence you are submitting.

Please outline the following with reference to supporting evidence:

How are the needs of this child / young person exceptional and greater than would be expected to be met at SEND Support?

Please outline how appropriate support and interventions have been implemented, evaluated and modified using the Assess, Plan, Do, Review cycle. This should include short-term outcomes and evidence of a minimum of two reviews of these outcomes over a six month period.

Outcome of the first review cycle:

Outcome of the second review cycle:

Outcome of any subsequent review cycles:

How has delegated funding of up to £6000 been used to support this child / young person?

Does the child / young person receive any additional funding, e.g. CBEP / Pupil Premium? If so, how has this been used to provide support?

Section 4: Documentary Evidence Required

Evidence Checklist	
Please ensure that this request for an EHC needs assessment includes copies of the relevant documentation (ensure that documents are dated).	
Where essential documentation has been omitted or sections left incomplete, the SEND Panel will not be able to consider this case.	
Please indicate the information you have included by ticking the box	✓
A record of the child / young person's views	
A record of the parents' / carers' views	
A SEND Support Plan fully completed, following at least two cycles of assess, plan, do, review, and signed by the child/young person, parents and designated person completing the plan	
Full details of provision being made for the child/young person including a provision map which should indicate how support is being used	
A copy of an annotated timetable indicating type of support (e.g. individual / group), and when support is provided	
Reports and evidence of involvement from external professionals and clear indications of how their advice has been implemented, monitored and evaluated and the impact on the child/young person's progress. *NB this must include the most recent reports	
Minimum of 2 examples of unaided, dated and annotated child's/young person's work (examples of literacy/numeracy which have been assessed)	
A clear record of progress over time	
In the case of requests with regard to Social, Emotional and Mental Health Difficulties, please include:	
A record which includes an analysis of the behaviours observed, any triggers identified, strategies used over time with outcomes, and a review of the impact of these.	

Consent to Share:

The Local Authority will retain all the advice provided by schools through use of this form, whether or not Statutory Assessment is indicated.

I / We give permission for all information gathered prior to and as part of the EHC Needs Assessment to be shared with colleagues across education, health and social care.

The General Data Protection Regulation (GDPR) which has replaced the Data Protection regulations are very much focussed on protecting you and how your data is handled.

The information you supply us with is used to open an electronic child/young person's file. The information you have submitted to us will be stored securely on an electronic secure storage system and is only accessible by professionals in the SEND Service.

Your data will only be held for as long as is necessary or as governed by other statutory regulations such as the SEND Code of Practice 2015, The Children and Family Act 2014 and the Education Act 1996 and will be disposed of securely.

If you have any questions contact the [information governance team](#)

You can find out more about how data is managed at Central Bedfordshire Council by [clicking here](#)

[I have read the Central Bedfordshire Council information above and consent to the personal information I have provided to be shared with the SEND Team.](#)

Signed: _____

[Parent/Carer](#) _____ [Date:](#)

[Young person](#) _____ [Date:](#)

[Headteacher:](#) _____ [Date:](#)

Please return the completed form and/or address any queries to the SEND Support Team via anycomms or using the statass email address: statass@centralbedfordshire.gov.uk.






Alternatively, the following address can be used for postal requests:-






SEND Support Team,
Central Bedfordshire Council
Watling House
High St North
Dunstable
LU6 1LF




Pupil / Young Person Views

Completed By:

Date:

 <p>I live with:</p>	<p>My mum and dad; My grandparents; My brothers and sisters; My dog/ cat...</p>
 <p>My favourite things in school are:</p>	<p>My friends, PE, Mrs X., Maths...</p>
 <p>I feel proud that:</p>	<p>I was first in the baking competition; I passed my Maths exam; I can travel independently on the bus...</p>
 <p>I think I am good at:</p>	<p>Everything</p>
 <p>I feel happy when:</p>	<p>I play with my friends; I play computer games; I ride my bike...</p>

 <p>It is important to me that:</p>	<p>People are patient with me; I learn how to make a sandwich; I go swimming every week...</p>
 <p>It helps when:</p>	<p>People don't annoy me; I'm prepared for change in my routine; I have someone to talk to when I feel angry/ anxious/ stressed...</p>
 <p>The things I feel are going well for me are:</p>	<p>Extra support with reading; Time out card; Talking to Mrs. X...</p>
 <p>The things that I find hard are:</p>	<p>Spelling; Talking about my feelings; Making new friends; Crossing the road independently...</p>
 <p>I don't like it when:</p>	<p>People are rude; People stand too close to me; I have to do homework...</p>

 <p>I get in trouble when:</p>	<p>I use bad words (inappropriate language); I don't want to go in class; I don't want to go to bed...</p>
 <p>In the future I would like to be able to:</p>	<p>Go out with my friends; Recognise money and be able to go to the shops on my own; Go to college to study Computer Science/ Go to University; Drive a car; Live in a flat on my own...</p>
 <p>I want to be:</p>	<p>Awesome; A policeman; A hairdresser; A dog walker....</p>

Parent Views

Completed By:

Date:

Our family history *(this might include who lives at home/relevant background information)*

Things that are important to our family

Support network around the child/young person

How to support us as a family

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Things that we are pleased about.

E.g. In what areas do you think your child has made progress?

*What significant achievements do you feel they have accomplished over the past year?
(Both in and outside of school/educational setting)*

How the support is working for your child/young person, any comments about Health or Social Care input if applicable.

Please add an additional sheet if necessary

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Things we are concerned about (if any)

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Our hopes and aspirations for our child/young person's future

What do you think is needed in the coming year to help your child to make progress in these areas?

If the Local Authority provides home to school transport for your child, please comment on how your child could be helped to become a more independent traveller in the future.

Any other comments you want to make.